



Practitioner's Docket No. C-6607(V)-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bingham Scott Jaynes

Application No.: 09/891,851

Group No.: 1751

Filed: 06/26/2001

Examiner: Necholus Ogden, Jr.

For: RINSE-AID COMPOSITION COCNTAINING A BIO-POLYPEPTIDE

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TC 1700

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1540, Alexandria, Virginia 22313-1450.

Date: 29 October 2003


Signature

Kristin L. Shimeck
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	8	Minus	20	= 0	x \$18 =	\$0
Indep.	1	Minus	3	= 0	x \$86 =	\$0
First Presentation of Multiple Dependent Claim					+\$290=	\$0
					Total Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-1052.
 If any additional fee for claims is required, charge Account No. 50-1052.

Date: 29 October 2003



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